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Published Version

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Hudson, J. L., Creswell, C. and McLellan, L. (2014) A clinician's quick guide of evidence based approaches: childhood anxiety disorders. *Clinical Psychologist*, 18 (1). pp. 52-53. ISSN 1097-4679 doi: <https://doi.org/10.1111/cp.12037>
Available at <http://centaur.reading.ac.uk/40685/>

It is advisable to refer to the publisher's version if you intend to cite from the work.

To link to this article DOI: <http://dx.doi.org/10.1111/cp.12037>

Publisher: Wiley

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A clinician's quick guide of evidence-based approaches: Childhood anxiety disorders

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doi:10.1111/cp.12037

Existing Treatment Guidelines

1. American Academy of Child and Adolescent Psychiatry published practice parameters for child and adolescent anxiety disorders in 2007: <http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856709618384.pdf>. The Academy have also published parameters for two specific anxiety disorders in children including obsessive-compulsive disorder (OCD) <http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856711008823.pdf>; and post-traumatic stress disorder (PTSD) <http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856710000821.pdf>
2. The National Institute of Clinical Excellence (NICE) published a number of clinical guidelines but not specifically for anxiety disorders in children. There are guidelines for the treatment of OCD, PTSD, and social phobia that include information for the treatment of both adults and children: OCD (<http://www.nice.org.uk/nicemedia/live/10976/29947/29947.pdf>), PTSD (<http://www.nice.org.uk/nicemedia/live/10966/29769/29769.pdf>), and social phobia (<http://www.nice.org.uk/nicemedia/live/14168/63868/63868.pdf>). There are no existing NICE guidelines for generalized anxiety disorder (GAD), separation anxiety disorder, or panic disorder in children or adolescents.

Useful Overviews of Treatment for Clinicians

1. Newall, C., Dodd, H., Hudson, J. L., & Rapee, R. M. (2013). Treating broad-based anxiety problems in children. In P. J. Graham & S. Reynolds (Eds.), *Cognitive behaviour therapy for children and families* (pp. 222–234). Cambridge: Cambridge University Press.
2. Beidel, D. C., & Alfano, C. A. (2011). *Childhood anxiety disorders: A guide to research and treatment* (2nd ed.). New York: Taylor & Francis.

3. Barrett, P. M., & Ollendick, T. H. (Eds.). (2004). *Handbook of interventions that work with children and adolescents: Prevention and treatment*. West Sussex, England: Wiley. [This book has specific chapters on the treatment of seasonal affective disorder and panic, GAD, specific phobia, social phobia, OCD, and PTSD]

Evidence-based Treatment Manuals

1. Cool Kids (7–18 years) (see <http://www.centreforemotionalehealth.com.au/pages/resources-products.aspx>):
 - a. Rapee, R. M., Wignall, A., Hudson, J. L., & Schniering, C. A. (2000). *Treating anxiety in children: An evidence-based approach*. Oakland, CA: New Harbinger Publications. (<https://accessmq.com.au/node/117>)
 - b. Rapee, R. M., Lynham, H. J., Schniering, C. A., Wuthrich, V., Abbott, M. A., Hudson, J. L., & Wignall, A. (2006). *The cool kids (child/adolescent) anxiety program therapist manual*. Sydney, Australia: Centre for Emotional Health, Macquarie University. (For 7–12 year olds see <https://accessmq.com.au/node/119>; 13–18 year olds see <https://accessmq.com.au/node/130>). Also available in Turkish, Swedish, Icelandic, Korean, and Danish (see <http://centreforemotionalehealth.com.au/pages/international-cool-kids.aspx>). For 3–6 year olds, see the Cool Little Kids programme (<http://accessmq.com.au/node/128>).
2. Coping Cat (7–13 years) Kendall, P. C., & Hedtke, K. (2006). *Cognitive Behavioural Therapy for Anxious Children*. Ardmore, PA: Workbook. (see <http://www.workbookpublishing.com/cognitive-behavioral-therapy-for-anxious-children-therapist-manual-3rd-edition.html>)
3. Wood, J. J., & McLeod, B. D. (2008). *Child anxiety disorders: A family-based treatment manual for practitioners*. New York: W W Norton & Co.

4. Chorpita, B. F. (2007). *Modular cognitive-behavioral therapy for childhood anxiety disorders*. New York: The Guilford Press.
5. Cartwright-Hatton, S., Laskey, B., Rust, S., & McNally, D. (2010). *From Timid to Tiger. A treatment manual for parenting the anxious child*. Chichester, UK: Wiley Blackwell.

Evidence-based Self-help Books for Parents

1. Rapee, R. M., Wignall, A., Spence, S. H., Cobham, V., & Lyneham, H. J., (2008). *Helping your anxious child: A step-by-step guide for parents* (2nd ed.). Oakland, CA: New Harbinger Publications. (see <https://accessmq.com.au/node/115>)
2. Creswell, C., & Willetts, L. (2007). *Overcoming your child's fears and worries: A self-help guide using cognitive behavioural strategies*. London: Constable & Robinson. (Also available in Norwegian, Polish, and Hebrew)

Evidence-based Self-Help Resources for Adolescents

1. Cool Teens. This is a CDrom self-help programme for adolescents with anxiety (see <https://accessmq.com.au/node/134>)
2. BRAVE. This is an online programme for adolescents with anxiety (contact brave@psy.uq.edu.au)

Assessment

The gold standard assessment tool is the Anxiety Disorders Interview Schedule for Children for DSM-IV: Child and Parent Versions. Graywind Publications. It can be purchased from Oxford University Press. (<http://www.oup.com>).

An assessment that combines information from the child, parent, teachers and clinician is preferred.

Symptom measures for anxiety include:

1. Spence Children's Anxiety Scale (see <http://www.scaswebsite.com>) Spence, S. H. (1998). A measure of anxiety symptoms among children. *Behaviour Research and Therapy*, 36, 545–566. [parent and child report]
2. Screen for Anxiety and Related Disorders (SCARED). See <http://www.psychiatry.pitt.edu/research/tools-research/assessment-instruments>) Birmaher, B., Khetarpal, S., Brent, D.A., Cully, M., Balach, L.,

Kaufman, J., & Neer, S. M. (1997). The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. *J Am Acad Child Adolesc Psychiatry*, 36, 545–553. [parent and child report]

3. Revised Children's Anxiety and Depression Scale (RCADS). See <http://www.childfirst.ucla.edu/Resources.html>) Chorpita, B. F., L. M., Moffitt, C. E., Umemoto, L. A., & Francis, S. E. (2000). Assessment of symptoms of DSM-IV anxiety and depression in children: A revised child anxiety and depression scale. *Behaviour Research and Therapy*, 38, 835–855.

Take Home Messages about Treatment Approaches

- a. Parent self-help can be a good first line of treatment for preadolescent children (see above resources).
- b. The preferred approach is a family-based approach involving both the child and the parents. However, programmes involving minimal parent involvement produce comparable outcomes with those involving more intensive parent involvement.
- c. Cognitive behaviour therapy for children and adolescents with anxiety produce marked reductions in anxiety symptoms and disorders that are maintained over the long term. Approximately 55–60% of children will recover from their anxiety diagnosis following a course of 10–16 sessions.
- d. Cognitive behavioral therapy (CBT) typically includes psychoeducation, affect recognition, cognitive restructuring, relaxation, and gradual exposure.
- e. Selective serotonin reuptake inhibitor (SSRI) medication is indicated to be as effective as CBT for child and adolescent anxiety disorders. There is preliminary evidence that combined CBT and SSRI medication is superior to either medication or CBT alone. Due to concerns about side effects, this should only be prescribed in specialty services with careful monitoring.

New and Emerging Developments

A number of alternate forms of treatment delivery are being evaluated for the treatment of anxiety disorders in children including bibliotherapy and computer-based technologies. Preliminary evidence for transdiagnostic treatments (e.g., anxiety and depression, anxiety, and externalizing disorders) is also emerging.